

**City of Warner Robins Recreation Department  
Family Information Worksheet**

App# \_\_\_\_\_

Please Print

Parent / Guardian (First, MI, Last) \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**>>>> NOTE: SPECIAL REQUESTS ARE *NOT* GUARANTEED <<<<**

**1. Participants Name: (First)** \_\_\_\_\_ **(MI)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

Sex: Male or Female Race: \_\_\_\_\_

Weight (football only) \_\_\_\_\_ Height (basketball only) \_\_\_\_\_

**Birthdate:**    **Age:** \_\_\_\_\_

Is this your child's first time participating in athletics with the WR Recreation Dept. YES or NO

Did participant play in this sport last year? YES or NO Team Name: \_\_\_\_\_

Number of years experience in this sport? \_\_\_\_\_

If returning to same age group, do you want to return to the same team? YES or NO

Do you have a brother or sister playing in the same age group? YES or NO

Participant may be taken to the emergency room if necessary? YES or NO

Do you have any health issues or disabilities? \_\_\_\_\_

Shirt size: Ysm Ymed Ylg Asm Amed Alg Axlg Axxlg

Special Requests: **NOT GUARANTEED** \_\_\_\_\_

**Office Use Only:**

Registration Fee: \_\_\_\_\_

Staff: \_\_\_\_\_

Transaction # \_\_\_\_\_